

Cape May County  
Department of Transportation  
Certification Application  
(For Disabled Residents)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Telephone: (\_\_\_\_\_) \_\_\_\_\_

Disability criteria **Section # (please see list below)** \_\_\_\_\_

Permanent/Temporary: (Please circle one)

Number of months if temporary: \_\_\_\_\_

Is attendant care necessary while traveling?: Yes or No (Please circle one)

Name of certifying Agency Director or Physician: \_\_\_\_\_

Physicians telephone number: (\_\_\_\_\_) \_\_\_\_\_

Physicians license #: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

**Disabled Service Eligibility Criteria**

**Physical Disabilities:**

- Section # 1 Non ambulatory Disabilities
- Section # 2 Mobility aids
- Section # 3 Arthritis
- Section # 4 Amputation
- Section # 5 Cerebrovascular Accident (Stroke)
- Section # 6 Pulmonary Ills
- Section # 7 Cardiac Ills
- Section # 8 Dialysis
- Section # 9 Sight Disabilities
- Section # 10 Hearing Disabilities
- Section # 11 Disabilities of In coordination

**Developmental Disabilities**

- Section # 12 Mental Retardation
- Section # 13 Cerebral Palsy
- Section # 14 Epilepsy
- Section # 15 Autism
- Section # 16 Neurological Handicap

**Mentally Disordered Disabilities**

- Section # 17 Emotionally Disturbed

Please return to:  
Cape May County Fare Free  
Transportation Department  
4 Moore Road  
DN # 626  
C.M.C.H., N.J. 08210